

Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492



MAYOR COLEEN J. SENG

[www.ci.lincoln.ne.us](http://www.ci.lincoln.ne.us)

May 21, 2004

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Osco Drug, 5500 South 56<sup>th</sup> Street, and 130 North 66<sup>th</sup> requesting a class C liquor license.

Osco Drug new parent company is Albertson's incorporated. They have requested that Donald Westerlin be approved as the manager of these two licenses.

Mr. Westerlin is currently the manager of two class D liquor licenses at these locations.

Background information on Mr. Westerlin will be omitted as Council has previously approved this applicant.

For Council's information if issued the class C liquor licenses allow for on premise consumption. It has been stated that the request for the class C liquor license is to be used for sampling purposes only.

If this application is approved the Lincoln Police Department requests the following conditions be added to the liquor license:

**The on premise consumption of alcohol shall be limited to samplings of 2 ounces or less of any alcoholic beverage.**

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

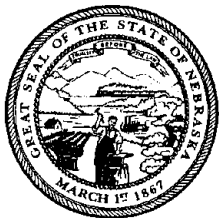
THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



# STATE OF NEBRASKA



**Mike Johanns**  
Governor

City Clerk of Lincoln  
City/County Building  
555 S 10 Street  
Lincoln, NE 68508

May 18, 2004

## NEBRASKA LIQUOR CONTROL COMMISSION

**Hobert B. Rupe**

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

RE: Liquor License C #63389

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

### TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS, AND A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

A handwritten signature in cursive script that reads "Jackie B. Matulka".

NEBRASKA LIQUOR CONTROL COMMISSION  
Jackie B. Matulka  
Licensing Division

**Bob Logsdon**  
Chairman

**R.L. (Dick) Coyne**  
Commissioner

**Rhonda R. Flower**  
Enclosures Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001  
REV. 12/99

FILED  
CITY CLERKS OFFICE  
2004 MAY 19 P 4: 20  
CITY OF LINCOLN  
NEBRASKA

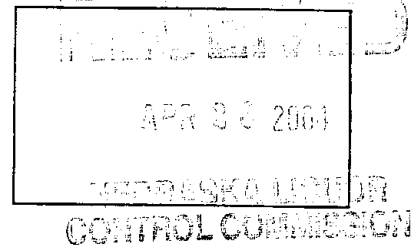
Local-jbm

C# 63389

**APPLICATION FOR LICENSE**

Nebraska Liquor Control Commission  
PO Box 95046,  
301 Centennial Mall South  
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>  
Phone: (402) 471-2571  
Fax: (402) 471-2814



upgrading

**INSTRUCTIONS:** Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk ( \* )

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH**

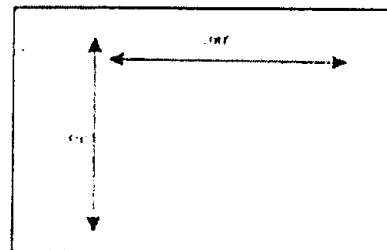
Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input checked="" type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

TYPE OF APPLICATION *		CORPORATE SURETY BOND INFORMATION	
Type of application being applied for (check appropriate box)  1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached		Bond Company - for Classes L V W X Y only  Start Date _____ Month/Day/Year _____ Bond Number _____	
SECTION A -- LOCATION INFORMATION -- Must be completed by all applicants			
Trade Name (name of business) Osco Drug # 5218		Telephone Number at premise to be licensed 402-423-6510	
1) Street Address of Proposed licensed premise 5500 S. 56th Street		2) Mailing Address for receipt of Liquor Control Commission mailings 1955 W. North Avenue	
City Lincoln	County Lancaster	City Melrose Park, IL	County Cook
Zip Code 68516	#2	Zip Code 60160	

### DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.

Total Building - 14,115 sq. ft. - The entire building is licensed. The attached sheet depicts (highlighted) where liquor is merchandised in the store.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

*one story building approx 96 x 116'*

RECEIVED

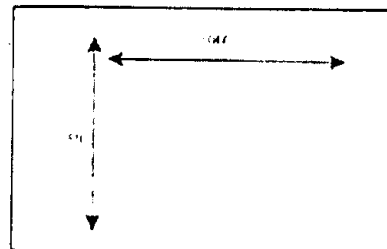
APR 26 2004

NEBRASKA LIQUOR  
CONTROL COMMISSION

TYPE OF APPLICATION *	CORPORATE SURETY BOND INFORMATION
Type of application being applied for (check appropriate box)	Bond Company - for Classes L V W X Y only
1. <input type="radio"/> Individual License requires Form 1 to be attached.	Start Date
2. <input type="radio"/> Partnership License requires Form 2 to be attached.	Month/Day/Year
3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	Bond Number
<b>SECTION A -- LOCATION INFORMATION -- Must be completed by all applicants</b>	
Trade Name (name of business) Osco Drug # 5246	Telephone Number at premise to be licensed 402-467-5341
1) Street Address of Proposed licensed premise 130-B North 66th Street	2) Mailing Address for receipt of Liquor Control Commission mailings 1955 W. North Avenue
City Lincoln	County Lancaster
City Melrose Park, IL	County Cook
Zip Code 68505	Zip Code 60160

### DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

Total Building - 15,327 sq. ft. - The entire building is licensed. The attached sheet depicts (highlighted) where liquor is merchandised in the store.

*one story building approx 111 x 165*

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APR 20 2004  
ILLINOIS  
LIQUOR CONTROL COMMISSION

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments Note: Only what is visible on screen will be printed
	Yes	No		
<p>* 1. <b>READ CAREFULLY.</b> Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input type="radio"/>	N/A	
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input type="radio"/>	N/A	upgrading 246 alc
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	The parent corporation, Albertson's Inc.	controlling corp OK

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11/26/2003

APR 01 2004

NEBRASKA MOTOR  
CONTROL DIVISION

* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	U.S. Bank, N.A. in Boise, ID  Gary Morton		
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.	See attached list of NE Locations		
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.	Rob Hardman  Approximately 48+ hours per week		

APR 23 2003

APR 23 2003

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Has been employed by American Drug Stores, Inc. for approximately 25 years. He has worked in various management positions for the last 15 years.		
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	See attached copy of lease.  10-31-2000		
15. When do you intend to open for business?	This store is opened. This application is being submitted to request a classification change of the liquor license.		
16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Kevin H. Tripp	07/99	Present	Scottsdale, AZ
	11/95	07/99	Sandy, UT
	05/94	11/95	Salt Lake City, UT
	10/93	05/94	Naperville, IL

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 11/26/2003  
 427 51 2201  
 ILLINOIS LIQUOR  
 CONTROL COMMISSION



The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign  
here

Kevin H. Tripp

Sign  
Here

Sign  
Here

Sign  
Here

Sign  
Here

Linda K. Tripp

Sign  
Here

Sign  
Here

Sign  
Here

Subscribed in my presence and sworn to before me this 11<sup>th</sup> day of March, 2004

(SEAL)



Sign  
here

Corinne M. Hopkins

Notary Public Signature

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Verify & Print form

FORM 35-4010

REV 1/01

# Application for Corporate Manager

**\*Must Be A Nebraska Resident\***

**Please submit in Triplicate**

Return to: Nebraska Liquor Control Commission, PO Box 95046  
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

Required areas marked by a red asterisk ( \* )

## LIQUOR LICENSE INFORMATION

Name of Licensed Corporation

American Drug Stores, Inc. \*

Class & License number

C \*

Trade Name of Licensed Premise

Osco Drug # 5246 \*

Street Address of Licensed Premise

130-B North 66th Street \*

City

Lincoln \*

County

Lancaster \*

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

Kevin H. Tripp

## APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden)

Westerlin, Don, Douglas \*

Sex \*

F	M
<input type="radio"/>	<input checked="" type="radio"/>

Social Security Number

\_\_\_\_\_ \*

Date of Birth

\_\_\_\_\_ \*

Place of Birth

North Platte, NE \*

Home Street Address

3906 Village Court \*

City

Lincoln \*

County

Lancaster \*

State

NE \*

Zip Code

68516 \*

Home Telephone Number

402-423-1987 \*

Business Telephone Number

402-423-3839 \*

Drivers License Number

\_\_\_\_\_ \*

State

NE \*

Are You Married? \* Yes ☒ No ☐ If Yes, You must complete the following:

**SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)**

Full Name (Last, First, Middle, Maiden)

Westerlin, Mary, Kay, Owen

Social Security Number

Drivers License Number

State

NE

Date of Birth

Place of Birth

St. Louis, MO

\* 1. **READ CAREFULLY.** Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

Yes No

☐ ☒

\* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No

☒ ☐

See attached copy of Lincoln locations

\* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

☐ ☒

\* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

☒ ☐

\* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No

☒ ☐

**RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE**

	Year	
	From	To
Applicant: City & State		
Lincoln, NE	1986	Pres
Spouse: City & State		
Lincoln, NE	1986	Pres

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NEBRASKA LIQUOR  
CONTROL COMMISSION

	Year	
	From	To
Applicant: City & State		
N/A		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
N/A		
Spouse: City & State		

	Year	
	From	To
Applicant: City & State		
N/A		
Spouse: City & State		

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

Name of Employer	Year	
	From	To
American Drug Stores, Inc.d/b/a Osco Drug	1972	Pres.
Name of Supervisor	Telephone Number	
Stan Petersen	913-383-3650	

Name of Employer	Year	
	From	To
N/A		
Name of Supervisor	Telephone Number	

**PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY**

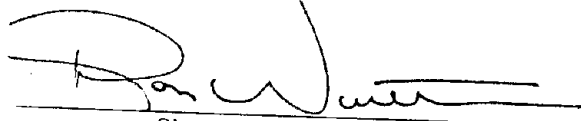
# APPLICANT & SPOUSE

STATE OF )  
 ) SS  
 COUNTY OF )

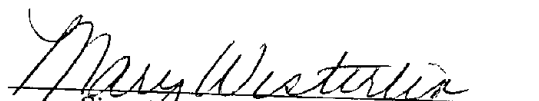
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

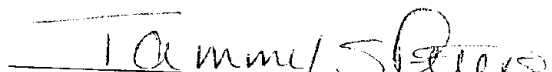
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

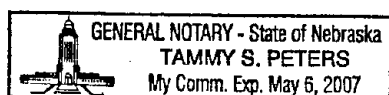
  
 Signature of Applicant  
 Don Westerlin


Subscribed in my presence and sworn to before me this  
23 day of March 2004.

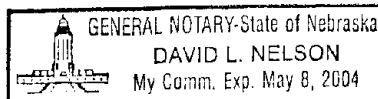
  
 Signature of Spouse (if applicable)  
 Mary Westerlin

Subscribed in my presence and sworn to before me this  
16<sup>th</sup> day of April, 2004.

  
 Notary Signature & Seal



  
 Notary Signature & Seal



Verify and Print

FORM 35-4013  
 REV. 2/01

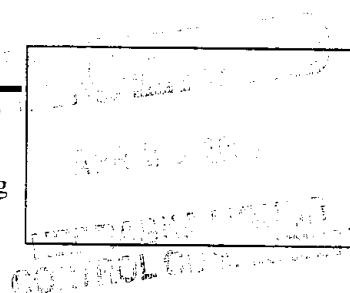
# Corporation/LLC Application for License - Form 3

## Nebraska Liquor Control Commission

**INSTRUCTIONS:**

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk ( \* )



Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation

American Drug Stores, Inc. \*

Total Number of Shares (if corporation)

73,514 \*

Corporate Street Address

15100 North 90th Street \*

Mailing address for receipt of Liquor Control Commission Mailings

1955 W. North Ave., Melrose Pk, IL6016 \*

Corporate Telephone Number

480/767-4000 \*

City

Scottsdale \*

County

Maricopa \*

State

AZ \*

Zip Code

85260 \* -

Name of Registered Agent

Don Westerlin \*

Name of Proposed Manager

Rob Hardman \*

### IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Kevin H. Tripp \*

Title

President \*

Date of Birth

\*

Social Security Number

\*

Home Address (1)

9290 E. Thompson Peak Pkwy. # 494 \*

City

Scottsdale \*

State

AZ \*

Zip Code

85255 \* -

Home Telephone Number

480-419-1940 \*

### PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name See Attached Annual Report			
Spouse Name			
Partner Number of Shares / %		Spouse Number of Shares / %	
Name of Officers, Directors, Members and Spouses.			

Is this Corporation/LLC controlled by another Corporation?

Yes ☒ No ☐

Name of control Corporation

Albertson's Inc

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC.  
Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: 01-30-03 Ending date: 01-29-04

State of IL

Cook County

)

)

ss.

)

Corinne M. Hopkins

Notary Public Signature & Seal



In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

By

Kevin H. Tripp

President/Member Kevin H. Tripp

Barbara A. Nunziato

Assistant Secretary/Member Barbara A. Nunziato

Verify Form and Print

FORM 35-4183  
REV. 02/01

APR 03 2003

NEBRASKA  
CONTROL COMMISSION

5744

North  
←

APR 1968  
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CONTROL

APR 26 1968

10-11-68

התאריך: 11.07.2017

546 I. INÇÖLÜN, MEB.



CHINESE UNIVERSITY OF PETROLEUM

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THE LIFE OF

### SECTION 6

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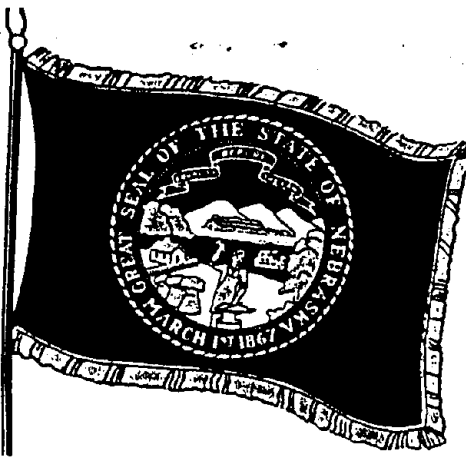


STATE OF

NEBRASKA

United States of America,  
State of Nebraska

} ss.



RECEIVED  
APR 8 1989  
NEBRASKA LIQUOR  
CONTROL COMMISSION  
Department of State

I, Allen J. Beermann, Secretary of State of the  
State of Nebraska do hereby certify that

the attached is a true and correct copy of the  
Amended Certificate of Authority to transact  
business in the State of Nebraska for

OSCO DRUG, INC.

a Illinois corporation, changing name to

AMERICAN DRUG STORES, INC.

as filed in this office on February 3, 1989.

I further certify that said corporation is  
authorized to transact business in the State of  
Nebraska as a foreign corporation.

In Testimony Whereof,

I have hereunto set my hand and  
affixed the Great Seal of the State  
of Nebraska.

Done at Lincoln this

third

day of February

in the year of our Lord, one thou-  
sand nine hundred and eighty-nine.

*Allen J. Beermann*  
\_\_\_\_\_  
SECRETARY OF STATE

\_\_\_\_\_  
DEPUTY

